

OFFICER'S BATTERY REPORT

CHICAGO POLICE DEPARTMENT

| RD NO.

HX396077

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

| OFFICER INFORMATION | | | | INCIDENT INFORMATION | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------|
| NAME (LAST - FIRST - M.I.) CASE, DAVID L | | | | <input checked="" type="checkbox"/> 1. INDOOR <input type="checkbox"/> 2. OUTDOOR | | |
| STAR NO. 317 | | POSITION LIEUTENANT OF POLICE | | ADDRESS OF OCCURRENCE 1160 N LARRABEE ST | | |
| DATE OF APPOINTMENT 14-JUL-1986 | | EMPLOYEE NO. [REDACTED] | | CITY <input checked="" type="checkbox"/> CHICAGO | STATE (If outside Chicago) | |
| UNIT OF ASSIGNMENT 018 | | BEAT/CALL NO. 1891 | | LOCATION CODE 280-POLICE FACILITY/VEH PARKING | BEAT OF OCCURRENCE 1822 | |
| SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F | RACE WHITE | DOB [REDACTED] | | DATE OF OCCURRENCE 21-AUG-2014 | TIME 00:30:00 | DAY OF WEEK THURSDAY |
| HEIGHT 603 | | WEIGHT 225 | | NO. OF OFFICERS BATTERED <u>1</u> | | |
| TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED | | | | | | |
| <input checked="" type="checkbox"/> 1. ON DUTY <input type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ | | WORKING: <input checked="" type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ | | MANNER OF ATTACK <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS) | | |
| <input checked="" type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ | | PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____ | | | | |
| <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER | | | | | | |
| TYPE OF ACTIVITY | | | | | | |
| <input type="checkbox"/> A. AMBUSH -NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ | | | | | | |
| <input checked="" type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE 720 ILCS 5.0/31-4-A- OBSTRUCT JUSTICE/DESTROY EVIDENCE ORIGINAL IUCR CODE INTERFERENCE WITH PUBLIC OFFICER - OBSTRUCTING JUSTICE | | | | | | |
| <input type="checkbox"/> K. OTHER | | | | | | |
| TYPE OF INJURY TO OFFICER | | | | | | |
| <input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries) <input checked="" type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input type="checkbox"/> D. NONE APPARENT/NONE | | | | | | |
| WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? | | | | | | |
| <input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN <input type="checkbox"/> 3. UNKNOWN | | | | | | |
| GANG RELATED? | | | | | | |
| <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN | | | | | | |
| NO. OF OFFENDERS PRESENT? <u>1</u> | | | | | | |
| TYPE OF LIGHTING CONDITIONS AT INCIDENT | | | | | | |
| <input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input type="checkbox"/> <input checked="" type="checkbox"/> 2. GOOD | | | | | | |
| WEATHER CONDITIONS | | | | | | |
| <input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND | | | | | | |
| APPROXIMATE OUTDOOR TEMPERATURE: 70°F | | | | | | |

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| REPORTING MEMBER - SIGNATURE CASE, DAVID L | STAR NO. 317 [REDACTED] | WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO. SARLITTO, MARY E [REDACTED] 237 [REDACTED] |
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